



SPECIALIZED TRAINING FORM

Submit to: Office of Victim Services Education and Certification
1205 Pendleton Street
Columbia, South Carolina 29201
Phone: 803.734.0357
Fax: 803.734.1428
E-mail: ovsec@admin.sc.gov
http://ovsec.sc.gov

This form is to be completed by a **Basic VSP** interested in obtaining credit hours through attendance/observation of a specialized training. Formats may include, but are not limited to, the following: forensic interview, court hearing/trial, etc. Three credit hours per year are allowed under the specialized training format.

OVSEC OFFICE USE ONLY

NOTICE OF DECISION

(To be completed by accreditation office and returned to the applicant.)

☐ APPROVED for _____ credit hours

☐ ACCREDITATION DENIED

☐ RETURNED for more information
Please complete each item on this form indicated by the numbers circled:

1 2 3 4 5 6 7

Date of above decision: _____

Signature _____

1. Applicant's Information

Name:	<input type="text"/>	Title:	<input type="text"/>	VSP#:	<input type="text"/>
Agency Name:	<input type="text"/>				
Agency Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
E-mail:	<input type="text"/>	Phone:	<input type="text"/>	Date:	<input type="text"/>

2. Program Description (example: State vs. Jane Doe - CSC with minor)

<input type="text"/>

3. Program Date(s)

Begin:	<input type="text"/>	End:	<input type="text"/>
Begin:	<input type="text"/>	End:	<input type="text"/>
Begin:	<input type="text"/>	End:	<input type="text"/>

4. Program Location

<input type="text"/>

5. Program Time

Clock hours:	<input type="text"/>	Credit hours:	<input type="text"/>
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6. Program Topic(s)

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> White Collar	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> General Crimes	<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Special Populations	<input type="checkbox"/> Felony
<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Homicide	Other (please list): <input type="text"/>		

7. Information of Applicant's Supervisor

Name:	<input type="text"/>	Title:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
	<input type="text"/>	Fax:	<input type="text"/>
	<input type="text"/>	Email:	<input type="text"/>

(Please submit within **30 days** of completion of specialized program.)

I hereby certify that the above specialized training was completed by the applicant:

Signature of Applicant: _____

Date: _____

Signature of Applicant's Supervisor: _____

Date: _____